

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

·	0000 , ent Period)	00000 (Prior Period)	NAIC Company Code _	12747	Employer's ID Number _	20-4308924				
Organized under the Laws of	,	Ohio	. Stat	e of Domicile	e or Port of Entry	Ohio				
Country of Domicile			<u> </u>	United States						
Licensed as business type:	Life. Acciden	t & Health [X]	Property/Casualty [1	Hospital, Medical & Dental Se	rvice or Indemnity []				
	·	ce Corporation []	. , , , , ,	Service Corporation [] Health Maintenance Organization []						
	Other []		•	Federally Qualified? Yes [] No []						
Incorporated/Organized		02/08/2006	Commons	ed Business	01/01/20	107				
				eu Dusilless						
Statutory Home Office		2181 East Auro (Street and Nu		_ ,	Twinsburg, OH, US 4 (City or Town, State, Country ar					
Main Administrative Office			2181	East Aurora	Road					
		44007		Street and Numb	er)					
	burg, OH, US n, State, Country				330-405-8089 (Area Code) (Telephone Number)					
Mail Address		East Aurora Road			Twinsburg, OH, US 4408					
Drimon, Location of Dooles on	,	and Number or P.O. Box)								
Primary Location of Books ar	ia Records				ast Aurora Road et and Number)					
	burg, OH, US		· · · · · · · · · · · · · · · · · · ·	(Are	330-405-8089 ea Code) (Telephone Number) (Extension	2)				
Internet Web Site Address	in, ctato, country	2.1.d 2.1p 00d0)	www.e	envisionrx.co		')				
Statutory Statement Contact		Scott David Gor			330-486-4846					
•	unting@envis	(Name)		_	(Area Code) (Telephone Number) (330-486-4801	Extension)				
	(E-Mail Address				(Fax Number)					
			OFFICERS							
Name		Title	OFFICERO	Name	9	Title				
William Carl Epling	,	President		Scott David		Treasurer				
Robert Burns Weinber		Senior Vice Presider Counsel & Sec		Thomas Joh		cial Officer & Executive ice President				
			OTHER OFFICE	RS						
Frank John Sheehy		Chief Executive	Officer	Dawn Gail S	herman , Execut	ive Vice President				
		DIRE	CTORS OR TRU	ISTEES						
William Carl Epling		Darren Wayne		thew Charles	Schroeder					
Frank John Sheehy		Kenneth Charles	Black	Thomas Joh	n Welsh					
State of		SS								
County of										
above, all of the herein describer that this statement, together with liabilities and of the condition and have been completed in accomay differ; or, (2) that state rules knowledge and belief, respective	d assets were to h related exhibed affairs of the ordance with the s or regulations by. Furthermore copy (except for	he absolute property of its, schedules and exp said reporting entity as e NAIC Annual Statems require differences in the scope of this atter formatting differences.	the said reporting entity, fre lanations therein contained, of the reporting period state ent Instructions and Accounting reporting not related to account station by the described office	e and clear from annexed or red above, and one of the control of t	said reporting entity, and that on the said reporting entity, and that on the sam any liens or claims thereon, exceptive to, is a full and true statem of its income and deductions thereful the said procedures manual except to the said procedures, according to the desire the related corresponding elect tratement. The electronic filling may	ept as herein stated, and lent of all the assets and rom for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,				
William Carl	Epling		Scott David Gonia	tt David Gonia Robert Burns Weinberg						
Preside			Treasurer		Senior Vice President, Secre	General Counsel &				
Subscribed and sworn to beday of				b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X] No []				

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals				-		
Group subscribers:						
						ļ
						ł
			-		·	·····
					·····	
						·····
0299997 Group subscriber subtotal		0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						1,988,882
0299999 Total group 0399999 Premiums due and unpaid from Medicare entities 0499999 Premiums due and unpaid from Medicaid entities		0	 0] 0	0	1,988,882
0399999 Premiums due and unpaid from Medicare entities					ļ	
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,988,882	0	0	0	0	1,988,882

Exhibit 3 - Health Care Receivables NONE

Exhibit 3A - Analysis of HC Receivables NONE

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Deported)	1 - 30 Days	31 - 00 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported) Rx Options Inc	35,660,669	13,631,697				
NA OPETORS THE		13,031,097				49,292,300
				-		-
						+
0199999 Individually listed claims unpaid		13,631,697	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered.						0 0
0399999 Aggregate accounts not individually listed-covered						1 0
0499999 Subtotals	35,660,669	13,631,697	0	0	0	49,292,366
0599999 Unreported claims and other claim reserves	. , ,	, , ,		•		
0699999 Total amounts withheld						
0799999 Total claims unpaid						49,292,366
0899999 Accrued medical incentive pool and bonus amounts						1 0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
				ļ			
				ļ			
				·			
					<u> </u>		
				ļ			
				ļ			
0199999 Individually listed receivables	0	0	0	J0	ļ0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Rx Options Inc	Claims and Various Management Services	114,007,490 98,464	114,007,490	
First Florida Insurers of Tampa	Premium Commissions	98,464	98,464	
0199999 Individually listed payables	1	114, 105, 954	114,105,954	0
0199999 Individually listed payables. 0299999 Payables not individually listed				
0399999 Total gross payables		114, 105, 954	114,105,954	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	0			0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	xxx		
Contractual fee payments	0	0.0	XXX	Lxxx	,	
Bonus/withhold arrangements - fee-for-service	0		XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	xxx		
10. Aggregate cost arrangements	0	0.0	XXX	xxx		
11. All other payments	290,410,749	100.0	XXX	XXX	290,410,749	<u> </u>
12. Total other payments	290,410,749	100.0	XXX	XXX	290,410,749	0
13. Total (Line 4 plus Line 12)	290,410,749	100 %	XXX	XXX	290,410,749	(

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS	<u> </u>	CINICALVIC	<u> </u>	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
					<u> </u>
			1		
			1		
			1		
			·		
			· 		
			· 		
			- 		
			-	ļ	
					ļ
					
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Alahama			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Gloup Code 00000 BUSINESS IN THE STATE OF	Alabama	Compre	hensive	DURING THE TEAR	2017		IN/	12/4/		
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Medicare Group Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year	1,581									1,58
2 First Quarter	1,296									1,29
3 Second Quarter	1,316									1,31
4. Third Quarter	1,287									1,28
5. Current Year	1,259									1,25
6 Current Year Member Months	15,680									15,68
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,130,726									2,130,72
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,130,726									2 , 130 , 72
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,930,992									1,930,99
18. Amount Incurred for Provision of Health Care Services	1,977,329									1,977,32

(a) For health business: number of persons insured under PPO managed care products ______and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE OF	F Alaska	0	h	DURING THE YEAR	2017			NA	AIC Company Code	12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,392									1,39
2 First Quarter	1,366									1,36
3 Second Quarter	1,406									1,40
4. Third Quarter	1,385									1,38
5. Current Year	1,373									1,37
6 Current Year Member Months	16,646									16,64
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,712,925									1,712,92
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,712,925									1,712,92
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,327,130									1 , 327 , 13
18. Amount Incurred for Provision of Health Care Services	1,382,962									1,382,96

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Arizona			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
NIC GLOUP COURT TOURS IN THE STATE OF			Comprehensive							
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,985									8,98
2 First Quarter	8,557									8,55
3 Second Quarter	8,877									8,87
4. Third Quarter	8,943									8,94
5. Current Year	9,057									9,05
6 Current Year Member Months	106,164									106,16
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,711,024									8,711,02
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	8,711,024									8,711,02
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,644,048									6,644,04
18. Amount Incurred for Provision of Health Care Services	7,084,675									7,084,67

(a) For health business: number of persons insured under PPO managed care productsar	and number of persons insured under indemnity only products
--	---

^{....8,667,778} (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

AIC Group Code 00000 BUSINESS IN THE STATE OF	Arkanaaa			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Aikansas	Compre	hensive	DURING THE YEAR	2017			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6 Dental Only	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only		Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,079									1,07
2 First Quarter										70
3 Second Quarter										69
4. Third Quarter										66
5. Current Year	662									66
6 Current Year Member Months	8,301									8,30
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										876,85
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	876,859									876 , 85
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	748,317									748,3
18. Amount Incurred for Provision of Health Care Services	786,330									786,33

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......876,582



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Group Code 00000 BUSINESS IN THE STATE OF	California			DURING THE YEAR	2017			(LOCATION)	(LOCATION) NAIC Company Code		
AIC Gloup Code 00000 BUSINESS IN THE STATE OF		Compre							9	12747	
	1	(Hospital 8	R Medical) 3	4	5	6	7	8			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	136,614									136,61	
2 First Quarter	21,242									21,24	
3 Second Quarter	20,479									20 , 47	
4. Third Quarter	19,727									19,72	
5. Current Year	19,498									19,49	
6 Current Year Member Months	248,313									248,31	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	35,869,255									35,869,25	
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	35 , 869 , 255									35 , 869 , 25	
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	37,893,276									37 , 893 , 27	
18. Amount Incurred for Provision of Health Care Services	32,335,921									32,335,92	

(a) For health business: number of persons insured under PPO managed care products __and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$35,590,491



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Group Code 00000 BUSINESS IN THE STATE OF	Colorado			DURING THE YEAR	2017			(LOCATION)	12747	
ALO GIOUP GODE 00000 BOSHNESS IN THE STATE OF		Compre	hensive				_		AIC Company Code	
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,204									9,20
2 First Quarter	8,887									8,88
3 Second Quarter	9,541									9,54
4. Third Quarter	9,752									9,75
5. Current Year	10,046									10,04
6 Current Year Member Months	113,584									113,58
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	11,579,397									11,579,39
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	11,579,397									11,579,39
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,695,612									9,695,61
18. Amount Incurred for Provision of Health Care Services	10,286,471									10,286,47

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products _

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,579,348



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 00000 BUSINESS IN THE STATE OF	Connecticut			DURING THE YEAR	2017			(LOCATION)	12747	
AIC GIOUP COUE 00000 BUSINESS IN THE STATE OF	Connecticut	Compre	hensive						AIC Company Code	
	1	(Hospital 8	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,959									1,95
2 First Quarter	4,619									4,61
3 Second Quarter	5 ,473									5 , 47
4. Third Quarter	6,161									6 , 16
5. Current Year	6,772									6,77
6 Current Year Member Months	66,356									66,35
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,479,362									4,479,36
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,479,362									4,479,36
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,467,201									3,467,20
18. Amount Incurred for Provision of Health Care Services	4,063,224									4,063,22

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Group Code 00000 BUSINESS IN THE STATE OF	E Doloworo			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
IAIC Group Code 00000 BOSINESS IN THE STATE OF	F Delaware	Compre	hensive	DURING THE YEAR	2017			INAI	lic Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	990									99
2 First Quarter	2,016									2,01
3 Second Quarter	2,245									2,24
4. Third Quarter	2,459									2,45
5. Current Year	2,698									2,69
6 Current Year Member Months	27,160									27,16
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,604,148									4,604,14
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,604,148									4,604,14
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,063,873									4,063,87
18. Amount Incurred for Provision of Health Care Services	4,277,279									4,277,27

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products	
---	--

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 00000 BUSINESS IN THE STATE OF	District of Columbia			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	District of Columbia	Compre	hensive	DURING THE YEAR	2017			IN A	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,046									1,04
2 First Quarter	1,284									1,28
3 Second Quarter	1,427									1,42
4. Third Quarter	1,593									1,59
5. Current Year	1,704									1,70
6 Current Year Member Months	17,527									17,52
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,043,546									2,043,54
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,043,546									2,043,54
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,763,962									1 ,763 ,96
18. Amount Incurred for Provision of Health Care Services	1,898,401									1,898,40

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Elorido			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Gloup Code 00000 BUSINESS IN THE STATE OF	rioriua	Compre	hensive	DUKING THE YEAR	2017			NA	AIC Company Code	12/4/
	1	(Hospital 8	(Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,208									2,20
2 First Quarter	3,518									3,51
3 Second Quarter	3,573									3,57
4. Third Quarter	3,503									3,50
5. Current Year	3,514									3,51
6 Current Year Member Months	42,496									42,49
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,924,688									3,924,68
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	3,924,688									3,924,68
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,955,966									2,955,96
18. Amount Incurred for Provision of Health Care Services	3,581,314									3,581,31

(a) For health business: number of persons insured under PPO managed care products ______and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Crown Code 00000 DIJCINICO IN THE OTATE OF	Caaraia			DURING THE YEAR	2017			(LOCATION)		10747
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Georgia	Compre	hensive	DUKING THE YEAR	201/			N/	AIC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										3,06
2 First Quarter										10,54
3 Second Quarter	12,359									12,35
4. Third Quarter	13,812									13,81
5. Current Year	15,132									15,13
6 Current Year Member Months	149,990									149,99
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	11,750,536									11,750,53
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,750,536									11,750,53
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,552,453									9,552,45
18. Amount Incurred for Provision of Health Care Services	11,003,433									11,003,43

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products _

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,297,714



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 00000 BUSINESS IN THE STATE OF	- Guam			DURING THE YEAR	2017			(LOCATION) NA	IC Company Code	12747
BOOK BOOK THE OTHER OF	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26									
2 First Quarter	34									
3 Second Quarter	39									
4. Third Quarter	40									
5. Current Year	39									
6 Current Year Member Months	451									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,944									20
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,944									20
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,499									
18. Amount Incurred for Provision of Health Care Services	9,211									g

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIO O O . I				DUDING THE VEA	20047			(LOCATION)		40747
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Hawaii	Compro	hensive	DURING THE YEAR	R 2017			N/	AIC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
		2	3				[
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	329									32
2 First Quarter	323									32
3 Second Quarter										33
4. Third Quarter										33
5. Current Year	336									33
6 Current Year Member Months	3,987									3,98
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										376,43
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										376,43
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	324,256									324,25
18. Amount Incurred for Provision of Health Care Services	360,189									360,18

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

								(LOCATION)	AIC Company Code	
AIC Group Code 00000 BUSINESS IN THE STATE OF	Idaho	0	h	DURING THE YEAR	2017	1	T	N/	12747	
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,195									3,19
2 First Quarter	3,113									3,11
3 Second Quarter	3,263									3,26
4. Third Quarter	3,317									3,31
5. Current Year	3,361									3,36
6 Current Year Member Months	39,037									39,03
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,573,997									3,573,99
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,573,997									3,573,99
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,778,543									2,778,54
18. Amount Incurred for Provision of Health Care Services	2,961,127									2,961,12

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

VAIC Group Code 00000 BUSINESS IN THE STATE OF I	Illinaia			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BOSINESS IN THE STATE OF I	IIIIIIIII	Compre	hensive	DURING THE YEAR	2017			IN/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	19,232									19,23
2 First Quarter	17,111									17 , 11
3 Second Quarter	17,180									17 , 18
4. Third Quarter	16,712									16,71
5. Current Year	16,430									16,43
6 Current Year Member Months	204,580									204,58
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,465,987									20,465,98
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,465,987									20 , 465 , 98
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17,644,912									17 , 644 , 91
18. Amount Incurred for Provision of Health Care Services	18,653,006									18,653,00

(a) For health business: number of persons insured under PPO managed care products ______and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,428,884



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	AIC Company Code	
AIC Group Code 00000 BUSINESS IN THE STATE OF	Indiana			DURING THE YEAR	2017	T		NA	12747	
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,911									1,91
2 First Quarter	2,093									2,09
3 Second Quarter	2,107									2,10
4. Third Quarter	2,049									2,04
5. Current Year	2,010									2,01
6 Current Year Member Months	25,016									25,01
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,952,448									3,952,44
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,952,448									3,952,44
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,279,489									3,279,48
18. Amount Incurred for Provision of Health Care Services	3,462,034									3,462,03

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 00000 BUSINESS IN THE STATE (OF Iowa			DURING THE YEAR	2017			(LOCATION)	12747	
TATAL CHARLES IN THE STATE C	1	Compre (Hospital a	hensive Medical)	4	5	6	7	8	IC Company Code	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	933									933
2 First Quarter	603									603
3 Second Quarter	609									609
4. Third Quarter	600									600
5. Current Year	585									585
6 Current Year Member Months	7,280									7,280
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	784,207									784,207
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										784 , 207
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	639,847									639,847
18. Amount Incurred for Provision of Health Care Services	718,583									718,583

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$724,48



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	F Kansas			(LOCATION)	12747					
AIO GIOUP GODE 00000 BOOHEGO HE THE STATE OF		Compre	hensive	DURING THE YEAR					AIC Company Code	
	1	(Hospital 8	R Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,297									1,29
2 First Quarter	695									69
3 Second Quarter	692									69
4. Third Quarter	683									68
5. Current Year	669									66
6 Current Year Member Months	8,303									8,30
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,294,569									1,294,56
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,294,569									1,294,56
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,139,797									1 , 139 , 79
18. Amount Incurred for Provision of Health Care Services	1,129,690									1,129,69

(a) For health business: number of persons insured under PPO managed care products _and number of persons insured under indemnity only products

...974,085 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

AIC Group Code 00000 BUSINESS IN THE STATE OF	- Kontualar			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	- Kentucky	Compre	honoivo	DURING THE YEAR	2017 I			N/	12/4/	
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,019									2
2 First Quarter	1,656									1,
3 Second Quarter	1,663									1
4. Third Quarter	1,605									1
5. Current Year	1,579									1.
6 Current Year Member Months	19,725									19
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,199,623									2,199
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,199,623									2,199
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,862,913									1 , 862
18. Amount Incurred for Provision of Health Care Services	1,926,696									1,926

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products _



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. ______ 2. ______

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Louisiana			DURING THE YEAR	2017			(LOCATION)	(LOCATION) NAIC Company Code	
ANIC Gloup code 00000 BUSINESS IN THE STATE OF		Compre	hensive						' '	12747
	1	(Hospital 8	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,315									1,31
2 First Quarter	1,110									1,11
3 Second Quarter	1,131									1 , 13
4. Third Quarter	1,120									1 , 12
5. Current Year	1,106									1,10
6 Current Year Member Months	13,443									13,44
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,571,359									1,571,35
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,571,359									1,571,35
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,377,770									1 ,377 ,77
18. Amount Incurred for Provision of Health Care Services	1,458,902									1,458,90

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF I	Maina			DURING THE YEAR	2017			(LOCATION)		12747
AIC Group Code 00000 BUSINESS IN THE STATE OF I	iviairie	Compre	hensive	DUKING THE YEAR	2017			N/	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,561									2,56
2 First Quarter	4,264									4,26
3 Second Quarter	4,867									4,86
4. Third Quarter	5,313									5,31
5. Current Year	5,689									5,68
6 Current Year Member Months	58,785									58,78
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,957,089									3,957,08
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,957,089									3,957,08
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,375,717									3,375,7
18. Amount Incurred for Provision of Health Care Services	3,652,218									3,652,21

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products _



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Mondond			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC GIOUP COULE 00000 BUSINESS IN THE STATE OF	iviai yiattu	Compre	hensive	DUKING THE YEAR	. 2017			NA	AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,945									5,94
2 First Quarter	10,496									10,49
3 Second Quarter	11,999									11,99
4. Third Quarter	13,213									13,21
5. Current Year	14,620									14,62
6 Current Year Member Months	145,930									145,93
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10 , 475 , 152									10,475,15
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10 , 475 , 152									10 , 475 , 15
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,538,776									8,538,77
18. Amount Incurred for Provision of Health Care Services	9,731,474									9,731,47

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products _



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Magaaahuaatta			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Massachusetts	Compre	hensive	DURING THE YEAR	2017			IN/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,625									5,62
2 First Quarter	11,140									11 , 14
3 Second Quarter	13,407									13,40
4. Third Quarter	15,270									15 , 27
5. Current Year	16,997									16,99
6 Current Year Member Months	163,166									163,16
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,250,043									9,250,04
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	9,250,043									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,317,411									7,317,4
18. Amount Incurred for Provision of Health Care Services	8,390,703									8,390,70

(a) For health business: number of persons insured under PPO managed care products _	and number of persons insured under indemnity only products
--	---

^{....9,250,043} (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Group Code 00000 BUSINESS IN THE STATE OF	- Michigan			(LOCATION)	12747					
ALO GIOUP GODE 00000 BOSHNESS IN THE STATE OF		Compre		DURING THE YEAR			_		AIC Company Code	
	1	(Hospital & Medical)	& Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	13,325									13,32
2 First Quarter	23,185									23 , 18
3 Second Quarter	26,260									26 , 26
4. Third Quarter	28,557									28 ,55
5. Current Year	30,890									30,89
6 Current Year Member Months	317,461									317,46
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	18,945,137									18,945,13
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	18,945,137									18,945,13
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	15 , 155 , 050									15 , 155 , 05
18. Amount Incurred for Provision of Health Care Services	17,102,660									17,102,66

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Minnocoto			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC GIOUP COUR DUOUN BUSINESS IN THE STATE OF	wiiiiiesota	Compre	hensive	DUKING THE YEAR	. 2017			IN/		12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only		Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,173									1 , 17
2 First Quarter	807									80
3 Second Quarter	808									80
4. Third Quarter										78
5. Current Year	761									76
6 Current Year Member Months	9,674									9,67
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,779,185									1,779,18
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,779,185									1 , 779 , 18
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,578,542									1 ,578 ,54
18. Amount Incurred for Provision of Health Care Services	1,630,297									1,630,29

(a) For health business: number of persons insured under PPO managed care products _	and number of persons insured under indemnity only products
--	---



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

NAIC Group Code 00000 BUSINESS IN THE STATE OF	- Micciccioni			(LOCATION)	12747					
AIC Gloup Code 00000 BOSINESS IN THE STATE OF		DURING THE YEAR 2017 Comprehensive							AIC Company Code	
	1	(Hospital 8	k Medical)	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,785									1,78
2 First Quarter	2,736									2,73
3 Second Quarter	3,563									3,56
4. Third Quarter	4,208									4,20
5. Current Year	4,779									4,77
6 Current Year Member Months	43,280									43,28
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,092,887									4,092,88
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,092,887									4,092,88
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,156,126									3,156,12
18. Amount Incurred for Provision of Health Care Services	3,740,710									3,740,71

(a) For health business: number of persons insured under PPO managed care products __and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ 2. ____

IALO O CONTROL DE CONT	- N.P	uri DURING THE YEAR 2017						(LOCATION)	40747	
AIC Group Code 00000 BUSINESS IN THE STATE OF	- Missouri	Compre	hanaiya	DURING THE YEAR	2017 I			NA	IC Company Code	12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	394									39
2 First Quarter	2,465									2,46
3 Second Quarter	2,519									2,5
4. Third Quarter	2,508									2,50
5. Current Year	2,519									2,51
6 Current Year Member Months	30,065									30,06
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	780,695									780,69
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	780,695									780 , 69
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	(525,380)									(525, 3
18. Amount Incurred for Provision of Health Care Services	742,956									742,95

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIO Carrier Carla Control Discours Carla Con	Mantana			DUDING THE VEAD	2047			(LOCATION)		40747
IAIC Group Code 00000 BUSINESS IN THE STATE OF	Nontana	Compre	hensive	DURING THE YEAR	2017			I NA	AIC Company Code	12747
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	352									35
2 First Quarter	241									24
3 Second Quarter	239									23
4. Third Quarter	232									23
5. Current Year	227									22
6 Current Year Member Months	2,853									2,85
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	390,762									390,76
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	390 , 762									390,76
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										360,87
18. Amount Incurred for Provision of Health Care Services	358,062									358,06

(a) For health business: number of persons insured under PPO managed care products ______and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$390,762



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE O	F Nebraska	0	h	DURING THE YEAR	2017	T		NAIC Company Code		12747
	1	Compre (Hospital 8 2	nensive Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	idual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	737									73
2 First Quarter	632									63
3 Second Quarter	643									64
4. Third Quarter	634									63
5. Current Year	627									62
6 Current Year Member Months	7,661									7,66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	582,499									582,49
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	582,499									582,49
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	484,234									484,23
18. Amount Incurred for Provision of Health Care Services	533,754									533,75

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......582,499



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Novada			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Nevada	Compre	hensive	DUKING THE YEAR	2017			NA	12/4/	
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										70
2 First Quarter	480									48
3 Second Quarter										46
4. Third Quarter	458									45
5. Current Year	461									46
6 Current Year Member Months	5,679									5,67
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	519,646									519,64
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	519,646									519,64
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	479,780									479,78
18. Amount Incurred for Provision of Health Care Services	491,852									491,85

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......513,787



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Now Hampshire			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC GIVUP COULE VOUDU BUSINESS IN THE STATE OF	,	Compre	hensive							
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,768									2,76
2 First Quarter	4,786									4,78
3 Second Quarter	5,481									5 , 48
4. Third Quarter	6,110									6,11
5. Current Year	6,643									6,64
6 Current Year Member Months	66,921									66,92
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,747,688									2,747,68
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,747,688									2,747,68
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,248,377									2,248,37
18. Amount Incurred for Provision of Health Care Services	2,535,994									2,535,99

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

AIC Group Code 00000 BUSINESS IN THE STATE OF	- Now Jorgey			DURING THE YEAR 2017				(LOCATION)	12747	
NO GIOUP COUCE 00000 BOSINESS IN THE STATE OF	INCW Jersey	Compre	hensive	DUNING THE TEAK	2017				NAIC Company Code	
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 3 Individual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year	20,473									20
2 First Quarter	4,614									4
3 Second Quarter	4,583									4
4. Third Quarter	4,411									4
5. Current Year	4,322									4.
6 Current Year Member Months	54,932									54
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,047,537									8,047
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	8 ,047 ,537									8,04
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,515,627									8,51
18. Amount Incurred for Provision of Health Care Services	7,634,896									7,634

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Now Movico			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	New Mexico	Compre	hensive	DURING THE YEAR	2017			INA	AIC Company Code	12/4/
	1 1	(Hospital &	(Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,288									3,28
2 First Quarter	3,413									3,41
3 Second Quarter	3,719									3,71
4. Third Quarter	3,923									3,92
5. Current Year	4,114									4,11
6 Current Year Member Months	44,635									44,63
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3 , 127 , 508									3,127,50
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,127,508									3 , 127 , 50
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,373,984									2,373,98
18. Amount Incurred for Provision of Health Care Services	2,596,800									2,596,80

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 00000 BUSINESS IN THE STATE OF	- No West			DURING THE YEAR	0047			(LOCATION)		12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	- New York	Compre	hensive	DURING THE YEAR	2017		NAIC	IC Company Code	12/4/	
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,673									3,67
2 First Quarter	17,204									17 , 20
3 Second Quarter	20,666									20,66
4. Third Quarter	23,599									23 , 59
5. Current Year	26,181									26,18
6 Current Year Member Months	251,945									251,94
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,652,946									13,652,94
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	13,652,946									13,652,94
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,787,261									9,787,26
18. Amount Incurred for Provision of Health Care Services	13,077,777									13,077,77

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	IC Company Code	
NAIC Group Code 00000 BUSINESS IN THE STATE OF	F North Carolina	0	h	DURING THE YEAR	2017	1	T	NA I	12747	
	1	Compre (Hospital 8		4	5	6	7	8	9	10
		2	3	1						
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,770									2,770
2 First Quarter	13,287									13,28
3 Second Quarter	15,923									15,923
4. Third Quarter	18,056									18,056
5. Current Year	20,150									20,150
6 Current Year Member Months	193,703									193,700
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	11,144,343									11,144,343
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	11,144,343									11 , 144 , 34
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,730,208									
18. Amount Incurred for Provision of Health Care Services	10,479,699									10,479,69

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,010,279



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ 2. ____

								(LOCATION)		
NAIC Group Code 00000 BUSINESS IN THE STATE O	F North Dakota			DURING THE YEAR	2017	T	1	NA NA	IC Company Code	12747
	1	(Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	278									27
2 First Quarter	173									17
3 Second Quarter	170									17
4. Third Quarter	169									16
5. Current Year	166									16
6 Current Year Member Months	2,061									2,06
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	190,432									190 , 43
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	190 , 432 .									190 , 43
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	171,139									171,1
18. Amount Incurred for Provision of Health Care Services	174,496									174,49

(a) For health business: number of persons insured under PPO managed care products ______and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ 2. _____

IAIC Group Code 00000 BUSINESS IN THE STATE OF Ohio				DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF ONIC		Compre	Comprehensive						AIC Company Code	12/4/
	1	(Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,300									6,30
2 First Quarter	11,770									11,77
3 Second Quarter	14,765									14,76
4. Third Quarter	17 , 179									17 , 17
5. Current Year	19,947									19,94
6 Current Year Member Months	180,450									180,45
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	11,864,542									11,864,54
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	11,864,542									11,864,54
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,532,255									
18. Amount Incurred for Provision of Health Care Services	11,061,242									11,061,24

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,863,865



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE OF	F Oklahoma	0	h	DURING THE YEAR	2017	1		NAIC Company Code		12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,158									1 , 15
2 First Quarter	1,049									1,04
3 Second Quarter	1,067									1,06
4. Third Quarter	1,049									1,04
5. Current Year	1,036									1,03
6 Current Year Member Months	12,704									12,70
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,620,557									1,620,55
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,620,557									1,620,55
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,448,214									1,448,21
18. Amount Incurred for Provision of Health Care Services	1,518,772									1,518,77

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION **Envision Insurance Company**

IALO O CONTROL DE CONT	- 0				0017			(LOCATION)		10717
AIC Group Code 00000 BUSINESS IN THE STATE OF	- Oregon	Compre	hanaiya	DURING THE YEAR 2017				NAIC Company Code		12747
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total		Medicare Supplement		Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:										
1. Prior Year	9,857									9,8
2 First Quarter	12,992									12,99
3 Second Quarter	14,538									14 , 53
4. Third Quarter	15,743									15,74
5. Current Year	16,966									16,96
6 Current Year Member Months	176,144									176,14
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,576,158									9,576,1
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	9,576,158									9 , 576 , 1
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,863,889									7,863,8
18. Amount Incurred for Provision of Health Care Services	8,693,207									8,693,20

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Construction and a contract of	- Danas duras is			DUDING THE VEAD	0047			(LOCATION)	JC Company Code	40747
NAIC Group Code 00000 BUSINESS IN THE STATE OF	- Pennsylvania	Compre	hensive	DURING THE YEAR	2017		INF	12747		
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,922									26,92
2 First Quarter	36,466									36 , 46
3 Second Quarter	40,465									40 , 46
4. Third Quarter	43,444									43,44
5. Current Year	46,452									46,45
6 Current Year Member Months	489,055									489,05
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	34 , 132 , 028									34 , 132 , 02
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	34 , 132 , 028									34 , 132 , 02
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	29,449,226									29 , 449 , 22
18. Amount Incurred for Provision of Health Care Services	31,679,594									31,679,59

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$34,118,651



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIO O OI- 00000 BUICINECC IN THE CTATE OF	- Duarta Dias			DUDING THE VEAR	0047			(LOCATION)	10.0	40747
AIC Group Code 00000 BUSINESS IN THE STATE OF	- Puerto Rico	Compre	hensive	DURING THE YEAR	2017			I NA	IC Company Code	12747
	1	(Hospital	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	90									9
2 First Quarter	71									7
3 Second Quarter	71									ī
4. Third Quarter	68									6
5. Current Year	72									7
6 Current Year Member Months	854									8.5
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	89,638									89 , 63
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										89 , 6
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	90,469									90,46
18. Amount Incurred for Provision of Health Care Services	80,585									80,58

(a) For health business: number of persons insured under PPO managed care products ______and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Phodo Island			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Group Code 00000 BUSINESS IN THE STATE OF	Rhode Island	Compre	Comprehensive Comprehensive						AIC Company Code	12/4/
	1	(Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,087									1,08
2 First Quarter	1,767									1,76
3 Second Quarter	2,037									2,03
4. Third Quarter	2,285									2,28
5. Current Year	2,513									2,51
6 Current Year Member Months	24,979									24,97
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										861,24
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										861,24
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										667 , 93
18. Amount Incurred for Provision of Health Care Services	781,237									781,23

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......576,592



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company

IAIC Group Code 00000 BUSINESS IN THE STATE OF	South Carolina			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC GIOUP CODE 00000 BUSINESS IN THE STATE OF	South Carolina	Comprehensive						IN-		12747
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,936									6,93
2 First Quarter	8,995									8,99
3 Second Quarter	10,235									10,23
4. Third Quarter	11,058									11,05
5. Current Year	12,002									12,00
6 Current Year Member Months	123,028									123,02
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	7 ,787 ,462									7 ,787 ,46
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	7 ,787 ,462									7 , 787 , 46
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,448,423									6,448,42
18. Amount Incurred for Provision of Health Care Services	7,186,116									7,186,11

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 00000 BUSINESS IN THE STATE OF	South Dakota	0	to a contract of	DURING THE YEAR	2017	1		NAIC Company Code		12747
	1	Compre (Hospital 8	hensive Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	296									29
2 First Quarter	204									20
3 Second Quarter	203									20
4. Third Quarter	199									19
5. Current Year	199									199
6 Current Year Member Months	2,438									2,43
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	285,822									285,82
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	285,822									285,82
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	264 , 155									264 , 15
18. Amount Incurred for Provision of Health Care Services	261,904									261,90

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)	AIC Company Code	
AIC Group Code 00000 BUSINESS IN THE STATE OF	Tennessee	0	h	DURING THE YEAR	2017	T	T	N/	12747	
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,921									1,92
2 First Quarter	1,981									1,98
3 Second Quarter	2,009									2,00
4. Third Quarter	1,987									1,98
5. Current Year	1,964									1,96
6 Current Year Member Months	23,943									23,94
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,671,519									2,671,51
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,671,519									2,671,51
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,283,521									2,283,52
18. Amount Incurred for Provision of Health Care Services	2,479,189									2,479,18

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

1410 0 0 1 00000 PURINESS IN THE CO.	_			BUBBLE TUES:				(LOCATION)		40747
AIC Group Code 00000 BUSINESS IN THE STATE OF	l exas	Commo	honoivo	DURING THE YEAR	R 2017			NA	IC Company Code	12747 I
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	Individual	2 3 Individual Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,849									7,84
2 First Quarter	6,576									6,57
3 Second Quarter	6,592									6,59
4. Third Quarter	6,409									6,40
5. Current Year	6,299									6,29
6 Current Year Member Months	78,554									78,5
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,486,720									12,486,72
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	12,486,720									12,486,72
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	11,218,147									11,218,1
18. Amount Incurred for Provision of Health Care Services	11,546,976									11,546,97

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. ______ 2. ______

IAIC Group Code 00000 BUSINESS IN THE STATE OF Utah				DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC Gloup Code 00000 BUSINESS IN THE STATE OF Utan	<u> </u>	Compre	hensive	DUKING THE YEAR	2017			NA	AIC Company Code	<u>Je 12747</u>
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,644									2,64
2 First Quarter	2,515									2,51
3 Second Quarter	2,638									2,63
4. Third Quarter	2,672									2,67
5. Current Year	2,716									2,71
6 Current Year Member Months	31,537									31,53
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,928,449									3,928,44
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,928,449									3,928,44
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,100,366									3,100,36
18. Amount Incurred for Provision of Health Care Services	3,254,797									3,254,79

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION **Envision Insurance Company**

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE OF	F Vermont	0	to a control	DURING THE YEAR 2017			T	NAIC Company Code		12747
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	825									82
2 First Quarter	2,132									2,13
3 Second Quarter	2,597									2,59
4. Third Quarter	3,042									3,04
5. Current Year	3,343									3,34
6 Current Year Member Months	31,894									31,89
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	973,611									973,61
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	973,611									973,61
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	703,228									703,22
18. Amount Incurred for Provision of Health Care Services	883,161									883,16

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION **Envision Insurance Company**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	Virginia			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
7.10 S.104P COUL. TO THE COURT OF THE COURT	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,513									17 ,5
2 First Quarter	4,882									4,88
3 Second Quarter	4,925									4,92
4. Third Quarter	4,810									4,81
5. Current Year	4,736									4,73
6 Current Year Member Months	58,660									58,66
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,887,513									5 , 887 , 51
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5 ,887 ,513									5 , 887 , 5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,537,700									5 ,537 ,7(
18. Amount Incurred for Provision of Health Care Services	5,321,293									5,321,29

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products _



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION **Envision Insurance Company**

IAIC Group Code 00000 BUSINESS IN THE STATE OF	: Washington			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
ALO GIOUP GOOG GOOD BOOMEDS IN THE STATE OF		Compre					_			
	1 –	(Hospital 8	k Medical) 3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	18,905									18,90
2 First Quarter	24,755									24,75
3 Second Quarter	27,407									27 ,40
4. Third Quarter	29,121									29 , 12
5. Current Year	30,890									30,89
6 Current Year Member Months	329,719									329,71
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20 , 327 , 864									20 , 327 , 86-
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20 , 327 , 864									20 , 327 , 86
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17,073,199									17 , 073 , 19
18. Amount Incurred for Provision of Health Care Services	18,453,572									18,453,57

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$20,327,864



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

IAIC Group Code 00000 BUSINESS IN THE STATE OF	: Woot Virginia			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
AIC GIOUP COUCE 00000 BOSINESS IN THE STATE OF	vvest viigiilia	Compre		DORING THE TEAM	2017			N/	AIC Company Code	12/4/
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual			Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,742									6,74
2 First Quarter	7 ,253									7,25
3 Second Quarter	7 ,788									7 ,78
4. Third Quarter	8,094									8,09
5. Current Year	8,421									8,42
6 Current Year Member Months	93,526									93,52
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,244,077									6,244,07
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written									<u> </u>	
15. Health Premiums Earned	6,244,077									6,244,07
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,451,617									5,451,6°
18. Amount Incurred for Provision of Health Care Services	5,795,422									5,795,42

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products
--	---



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2.

AIC Group Code 00000 BUSINESS IN THE STATE OF	- Wisconsin			DURING THE YEAR	2017			(LOCATION)	AIC Company Code	12747
TIO GIOUP GOUE 00000 DOGINEGO IN THE STATE OF	VVISCOTISITI	Compre	hensive	DOMING THE TEAK	2011			NA	To Company Code	
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,298									6
2 First Quarter	6,459									6
3 Second Quarter	7 , 102									7
4. Third Quarter	7 ,489									7
5. Current Year	7,787									7,
6 Current Year Member Months	85,036									85
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10 , 344 , 079									10,344
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	10,344,079									10,344
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	8,258,275									8,25
18. Amount Incurred for Provision of Health Care Services	8,864,553									8,864

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 00000 BUSINESS IN THE STATE O	F Wyoming			DURING THE YEAR	2017		Т	N/	AIC Company Code	12747
	1	Compre (Hospital 8	hensive Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	227									22
2 First Quarter	166									16
3 Second Quarter	164									16
4. Third Quarter	154									15
5. Current Year	152									15.
6 Current Year Member Months	1,945									1,94
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	204,990									204,99
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	204,990									204,99
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	177 ,542									177 , 54
18. Amount Incurred for Provision of Health Care Services	187,836									187,83

(a) For health business: number of persons insured under PPO managed care products _____and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$204,990



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 00000 BUSINESS IN THE STATE OF	F Consolidated			DURING THE YEAR	2017			(LOCATION) NA	IC Company Code	12747
5000 5000 5000 5000 FT THE OTHER OF	1	Compre (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	379,799	0	0	0	0	0	0	0	0	379,799
2 First Quarter	320,726		0	0	0	0	0	0	0	320,726
3 Second Quarter	354,331	0	0	0	0	0	0	0	0	354,331
4. Third Quarter	377,998		0	0	0	0	0	0	0	377,998
5. Current Year	402,471	0	0	0	0	0	0	0	0	402,471
6 Current Year Member Months	4,277,256	0	0	0	0	0	0	0	0	4,277,256
Total Member Ambulatory Encounters for Year:										
7. Physician	0		0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	C
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	C
12. Health Premiums Written (b)	340,891,858	0	0	0	0	0	0	0	0	340,891,858
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0].	(
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	ļ0 ļ.	
15. Health Premiums Earned	340,891,858	0	0	0	0	0	0	0	ļ0 ļ.	340,891,858
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	290,410,749	0		0	0	0	0	0		290 , 410 , 749
18. Amount Incurred for Provision of Health Care Services	310,280,582	0	0	0	0	0	0	0	0	310,280,582

⁽a) For health business: number of persons insured under PPO managed care products 0____and number of persons insured under indemnity only products 0___

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............334,285,133

Ç

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9 Reserve Liability	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Code	Number	Lifective Date	Name of Remodred	Julisdiction	Assumed	1 Territoria	1 Terrilariis	1 Territoria	and Onpaid Losses	INCOCIVE	Officer Combutance
		İ				•					1
											ļ
		ļ									
		ļ				•					<u> </u>
						•					1
		İ			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •					ſ
		İ									1
		ļ							ļ		ļ
		ļ									
		ļ				•					·
		 									l
		 				•					ſ
		İ		_	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •					1
				NON							1
		ļ				• • • • • • • • • • • • • • • • • • • •					
		ļ									ļ
		ļ				•					·
		·····				•••••					t
											f
		İ									l
						• • • • • • • • • • • • • • • • • • • •					
		I									
		ļ									
		ļ							ļ		
						•					
		ł				•					1
		†							†		[
		İ				•					1
		İ									
		<u> </u>									ļ
		ļ				•			ļ		
		ļ							ļ		ł
		<u> </u>									<u> </u>
9999999	Totals					0	0	0	0	0	0

SCHEDULE S - PART 2 Listed by Peinsuring Company as of December 31, Current Year

	Re	insurance Recover	rable on Paid and Unpaid Losses Listed by Re	insuring Company as of December 31, Current	Year	
	2	3	4	5	6	7
1 NAIC Company	ID Number	Effective	Name of	Domiciliary	Paid	Unpaid
Code Accident and Hea	Number alth - Non-Affili	Date ates - U.S. Non-Aff	Company	Jurisdiction	Losses	Losses
82627	06-0839705	01/01/2015	SWISS RE LIFE & HLTH AMER INC. PRAM Captive Insurance Company.	MO		21,736,718
		01/01/2017	PRAM Captive Insurance Company	. NC		103,780
1999999 - Acci	ident and Health	- Non-Affiliates -	Û.S. Non-Affiliates		0	21,840,498
ACCIDENT AND HEA	aith - Non-Ailli	ates - Non-U.S. Non	Artex SAC Ltd/Fleet ENX Segregated Acct	I RMIJ		1,690,365
2099999 - Acci	ident and Health	- Non-Affiliates -	Non-U.S. Non-Affiliates		0	1,690,365
2199999 - Acci	ident and Health	- Non-Affiliates -	Total Non-Affiliates		0	23,530,863
2299999 - Acci	ident and Health	- Total Accident an	d Health		0	23,530,863
2399999 - Tota	al U.S. (Sum of 0	399999, 0899999, 14	99999 and 1999999)		0	21,840,498
2499999 - 1018	ai Nori-U.S. (Sum	01 0099999, 0999999 1	, 1799999 and 2099999)	T	0	1,690,365
					ļ	
					 	
					ļ	
			 		 	
		1	<u> </u>		1	
			ļ			
		t	†		†	
					I	
			 		ļ	
		<u> </u>	<u> </u>		†	
						
					†	
	· · · · · · · · · · · · · · · · · · ·					
					ļ	
	·				·	
						
					ļ	
	·				+	
					†	
					ļ	
		 	 	·	ļ	
		1	<u> </u>		İ	
			 		†	
			<u> </u>		†	
					I	
			ļ		-	
		<u> </u>	<u> </u>		†	
					1	
	ļ	ļ	ļ		ļ	ļ
		 	 		 	<u> </u>
					1	
			 		 	
		1	İ		İ	
					ļ	
		 	 	·	ļ	
			<u> </u>		†	
		1			1	
			ļ		ļ	
			 	·		·····
		1	<u> </u>		†	
					ļ	
		ļ	 	·		ļ
0000000 -	Anin 1965 A.					00 500 000
9999999 To	itais—Life, Annu	ιιτy and Accident at	nd Health (Sum of 1199999 and 2299999)		0	23,530,863

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

			T I	ilsurance Cedeu A	Accident and near	III IIISUI AIICE LISIEI	d by Reinsuring Com	ipany as or Decenii	Jer 31, Current rear				
					6	7							
1	2	3	4	5			8	9	10 L	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	l of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates					(======================================					
82627	06-0839705		SWISS RE LIFE & HLTH AMER INC.	MO	QA/G/A	MD	6.527.997						
82627	06-0839705		SWISS RE LIFE & HLTH AMER INC.	MO	QA/I/A	MD	155.611.074		· · · · · · · · · · · · · · · · · · ·				
88340	59-2859797	01/01/2013	HANNOVER LIFE REASSUR CO OF AMER.	FI	QA/G/A	MD	(295)						
88340	59 - 2859797	01/01/2000	HANNOVER LIFE REASSUR CO OF AMER.	FI	QA/I/A	MD	(268,031)	•••••					
			Non-Affiliates - U.S. Non-Affiliates			UIIU	161,870,745	Λ	0	Λ	Λ	0	0
			Non-Affiliates - 0.3. Non-Affiliates				161.870.745	0	0	0	0	0	0
								0		0			0
			Total General Account Authorized				161,870,745	0	0	0	0	0	0
General Ac	count - Unauthoriz		ates - U.S. Non-Affiliates										
			PRAM Captive Insurance Company	NC	QA/G/A	MD	1,805,282						
			Non-Affiliates - U.S. Non-Affiliates				1,805,282	0	0	0	0	0	0
General Ac	count - Unauthoriz		ates - Non-U.S. Non-Affiliates										
		01/01/2017	Artex SAC Ltd/Fleet ENX Segregated Acct	BMU	QA/G/A	MD	6,883,213						
2099999	- General Account	- Unauthorized -	Non-Affiliates - Non-U.S. Non-Affiliates				6,883,213	0	0	0	0	0	0
2199999	- General Accoun -	. Unauthorized -	- Non-Affiliates - Total Unauthorized Non-Affiliat	tes			8,688,495	0	0	0	0	0	0
			- Total General Account Unauthorized				8,688,495	0	0	0	0	0	0
			Account Authorized, Unauthorized and Certified				170,559,240	0	0	0	0	0	0
			999, 149999, 1999999, 2599999, 3099999, 3799999,	/200000 /800000	5300000 5000000 and	6/00000)	163.676.027	0	0	0	0	0	0
			0999999 . 1799999 . 2099999 . 2899999 . 3199999 . 4099				6.883.213	0	0	0	0	0	0
7099999	· IUlai Null-U.S.	Julii 01 0099999,	U999999, 1799999, 2099999, 2099999, 3199999, 4098	9999, 43999999, 31999	99, 0499999, 0299999	anu 0099999)	0,003,213	U	U	U	U	U	U
									.				
									.				
							1		LL.		<u> </u>		L
				l			1 1		1				
								•••••					
			·····										
			·····				łI		ļ				
			•										
							ļ		ļļ.				
									.				
]		L		 	L	
							1						
			1										
			†						· [
9999999	Totala		h				170.559.240	Λ	0	Λ	0	^	^
999999	า เบเสเร						170,009,240	0	U	0	U	1 0	0

SCHEDULE S - PART 4

					Reinsuranc	e Ceded To Unau	thorized Companie	S						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
					Paid				Issuing or					
					and				Confirming		Funds Deposited			Sum of Cols
NAIC				Reserve	Unpaid Losses			Letters	Bank		by and		Miscellaneous	9+11+12+13+14
Company	l ID	Effective		Credit	Recoverable	Other	Total	of	Reference	Trust	Withheld from		Balances	but not in
Code	Number		Name of Reinsurer	Taken	(Debit)	Debits	(Cols. 5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	Excess of Col. 8
			- Non-Affiliates - U.S. Non-Affiliates		\/		(/		(-/	J			(/	
		.01/01/2017.	PRAM Captive Insurance Company.		103.780	40,354	144 , 134				100,000		158,251	144 , 134
1999999 -	General Acc		t and Health - Non-Affiliates - U.S. Non-Affiliates		103,780	40.354	144.134	0	XXX	0	100,000	0	158,251	
			- Non-Affiliates - Non-U.S. Non-Affiliates											
			Artex SAC Ltd/Fleet ENX Segregated Acct		1,690,364	21,810	1,712,174	500,000			3,637,845		289,559	1,712,174
2099999 -	General Acc		t and Health - Non-Affiliates - Non-U.S. Non-Affiliates		1,690,364	21,810	1,712,174	500,000	XXX	0	3,637,845	0	289,559	
			t and Health - Non-Affiliates - Total Non-Affiliates		1,794,144	62,164	1,856,308	500,000	XXX	0		0	447,810	
			t and Health - Total Accident and Health		1,794,144	62,164	1,856,308		XXX	0		0	447,810	
		count - Total G			1,794,144	62,164	1,856,308	500,000	XXX	0		0	447,810	
			9, 0899999, 1499999, 1999999, 2699999 and 3199999)		103.780	40.354	144,134	0	XXX	0		0	158.251	
			99999, 0999999, 1799999, 2099999, 2999999 and 3299999)		1,690,364	21,810	1,712,174	500,000	XXX	i o		0	289,559	
		10: (00:::: 01: 00	200000, 0000000, 1100000, 2000000, 2000000 and 0200000,		1,000,001	21,010	1,7.12,	000,000	7000	Ť	0,001,010	, i	200,000	.,
														<u>+</u>
9999999	Fotal				1,794,144	62,164	1,856,308	500,000	XXX	0	3,737,845	0	447 ,810	1,856,308

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0000001		11	021000089	Goldman Sachs Lending Partners LLC.	500,000
		· · · · · · · · · · · · · · · · · · ·			

SCHEDULE S - PART 5

								Re	insurance (Ceded to		einsurers as	of Decemi	ber 31, Curi	rent Year	(\$000 Om	itted)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer / Rating(1 htrough 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col.12 - 13)	Full Credit (Col. 14 x	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Net	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)
															†		·			-	-				ļ
ļ						ļ	ļ	ļ	ļ 		ļ			ļ	ļ	ļ	·}				·}				{
					+	 	+		·					 	 				 	+	· 				†
							·		····-					†	†		†····-			+	-				
																				1					
															ļ										
					·									+	+				+						†
							·							†	†		·		 	+					†
															1				1	1					
				.																					4
				·	·																-				+
							·								†		· · · · · · · · · · · · · · · · · · ·		 	+					†
															1				1	1	-				
						ļ		ļ	ļ		N				ļ	ļ	·		ļ						
				·	· · · · · · · · · · · · · · · · · · ·									· · · · · · · · · · · · · · · · · · ·							-				
				·· · ·····	·										+		·				-				†
														1	1				1		-				
														I	I										
						ļ		ļ	ļ		ļ			ļ	ļ	ļ	·}		↓						‡
ļ	·			+	· 		·	 	·		ļ		 	 	 	ļ	·}		 	+	· 				†
				+	· · · · · · · · · · · · · · · · · · · ·		·							t	†		·		†	+	·				†
				1	1		1					İ		İ	1				1	1					1
																			I						
						ļ	ļ	ļ						ļ	ļ	ļ					·}				+
ļ	<u> </u>			+	+		 	ļ	·		ļ	 	<u> </u>	 	 	ļ	·}		†	+	· 				†
				+	· 		†							†	t		·		†	+	·†				
	[1	1	İ	1	İ	[İ		İ	1	İ			1	1	1				1
					I	I								I					I						
								ļ						ļ	ļ	ļ					· 				
					4	ļ																			<u> </u>
9999999	Total (Sum of	2399999 and	1 3499999)						0 1	Λ			0				XXX	0	1 0		0	XXX	XXX	0	1 0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

		Omitted)			
	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	170 , 559	225,610	223,598	315,360	399,493
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	154 , 493	221,136	213,356	297,575	381,117
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable	23,531	4,506	3,949	7,552	4,367
Reinsurance recoverable on paid losses	0	0	0	0	0
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances of	due.	0	0	0	0
11. Unauthorized reinsurance offset	3,738	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AN FUNDS WITHHELD FROM)	ND				
13. Funds deposited by and withheld from (F)	3,738	0	0	0	0
14. Letters of credit (L)	500	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	46,686,049		46,686,049
2.	Accident and health premiums due and unpaid (Line 15)	106 , 659 , 643		106,659,643
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	(210,283,354)	(210,283,354)
5.	All other admitted assets (Balance)	275,513,778		275,513,778
6.	Total assets (Line 28)	428,859,470	(210,283,354)	218,576,116
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	25 , 761 , 504	23,530,863	49,292,367
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	756 , 139		756 , 139
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	134,976,180	(134,976,180)	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	219,906,489	(98,838,037)	121,068,452
15.	Total liabilities (Line 24)	381,400,312	(210,283,354)	171 , 116 , 958
16.	Total capital and surplus (Line 33)	47,459,158	XXX	47,459,158
17.	Total liabilities, capital and surplus (Line 34)	428,859,470	(210,283,354)	218,576,116
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	23,530,863		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	23,530,863		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	134,976,180		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers.	0		
29.	Other ceded reinsurance payables/offsets	98,838,037		
30.	Total ceded reinsurance payables/offsets	233,814,217		
31.	Total net credit for ceded reinsurance	(210, 283, 354)		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

				Direct Bus	iness Only		
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Ğroup and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
	HI						
	ID						
	IL						
15. Indiana							
	JA						
17. Kansas	KS						
	KY						
18. Kentucky							
20. Maine	ME		<u> </u>			ļ	<u> </u>
21. Maryland							
22. Massachusetts							
3	MI						
24. Minnesota							
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	MM						
33. New York	NY						
34. North Carolina	NC						
	ND						
	OH						
37. Oklahoma							
	OR					1	
39. Pennsylvania							
40. Rhode Island			l				
	SC		l			l	ļ
41. South Carolina			l				ļ
42. South Dakota	SD						
	TN						
44. Texas	TX		ļ				ļ
45. Utah							
46. Vermont	VT						ļ
47. Virginia							
48. Washington							
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada						1	1
58. Aggregate Other Alien							
			L				

4

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
_		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	, ID	Federal	0114	Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
			00 4044004		0.4400	NIVOE	Dita Aid Occasion	DE	LIDD	December 6 Discontinue	Board of	400.0	Rite Aid		0
			23-1614034		84129	NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Directors	100.0	Corporation	. N	0
			00 4044740				Uhinten Lane III.C	DE	NII A	Dita Aid Composation	O	100 0	Rite Aid		0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership		Corporation	N	
			00 0070000				Envision Pharmaceutical	DE	ALL A	Uluntan Lana III C	O	100 0	Rite Aid		0
			26-0676699				Holdings LLC	JDE		Hunter Lane, LLC	Ownership	100.0	Corporation	N	
		12747	20 4200024				Faulaian Januaran Camana	0H		Envision Pharmaceutical	O	100 0	Rite Aid		0
		12/4/	20-4308924				Envision Insurance Company	UH		Holdings LLCEnvision Pharmaceutical	Ownership	100.0	Corporation Rite Aid	^N	0
			34-1939227				Py Ontions IIC	OH		Holdings LLC	Ownership		Corporation.	l N	0
			34-1939221				Rx Options, LLC	UП			ownership	100.0		I ^N	0
			34-4221427				 MedTrak Services. LLC	MO		Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	, , ,	0
			34-4221421				Envision Pharmaceutical	JVIU		Envision Pharmaceutical	ownership	100.0	Rite Aid	N	D
			05-0570786				Services. LLC	0H.		Holdings LLC	Ownership	100.0	Corporation	N	0
			03-03/0/00				Envision Pharmaceutical	УП	NTA	Envision Pharmaceutical	ownership	100.0	Rite Aid	N	
			88-0511398				Services, LLC	NV	NIA	Holdings LLC	Ownership.	100.0	Corporation	l M	0
			00-0011090				Envision Medical Solutions.	JNV	NIA	Envision Pharmaceutical	Ownership	100.0	Rite Aid		
			20-3389462				LLC	FL		Holdings LLC	Ownership	100.0	Corporation	l M	0
			20-3309402				Orchard Pharmaceutical			Envision Pharmaceutical	Ownersinp	100.0	Rite Aid	N	
			26-2434607				Services, LLC	OH		Holdings LLC	Ownership	100.0	Corporation	l N	0
			20-2434007				First Florida Insurers of			Envision Pharmaceutical	O#IIG13111P	100.0	Rite Aid		
			59-2798509				Tampa, LLC	OH		Holdings LLC	Ownership	100.0	Corporation	l N	0
			00-2100000				Tampa			Envision Pharmaceutical	0 milor 3iii p	100.0	Rite Aid		
			59-3760021				Advance Benefits. LLC	FL		Holdings LLC	Ownership.	100 0	Corporation	l N	0
			00 0100021							Envision Pharmaceutical			Rite Aid		
			27-4368094				Design Rx Holdings LLC	DE	NIA	Holdings LLC.	Ownership	100 0	Corporation	l N	0
										Design Rx Holdings	- · - · · · · · · · · · · · · · · · · ·	1	Rite Aid		
			20-1369429				Design Rx, LLC	WY		Corporation, LLC	Ownership	100.0	Corporation	.l	0
							J,			Design Rx Holdings	* * * * * * * * * * * * * * * * * * * *	1	Rite Aid		
			20-5166645				Design Rxclusives, LLC	WY	NIA	Corporation, LLC	Ownership.	100.0	Corporation	.ll	0
							" " " " " " " " " "			Design Rx Holdings			Rite Aid		
			20-3649446				Rx Initiatives L.L.C.	UT		Corporation, LLC	Ownership	100.0	Corporation	.l	0
										Envision Pharmaceutical			Rite Aid		
1			45-4806467				Ascend Health Technology LLC	DE	NIA	Holdings LLC	Ownership	100.0	Corporation	. N	0
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , , , , , , , , , , , , , , , , , , ,			Envision Pharmaceutical			Rite Aid		
			41-1924169				Laker Software, LLC	MN	NIA	Holdings LLC.	Ownership	100.0	Corporation	.[0

Asterisk	Explanation

42

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent. Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	59 - 2798509	Names of Insurers and Parent, Subsidiaries or Affiliates First Florida Insurers of Tampa, LLC. Rx Options, LLC				l 566 620					566.620	
	34 - 1939227	Rx Options, LLC.			ļ	1, 161, 719, 823			ļ		1,161,719,823	r
12747	20-4308924	Envision Insurance Company			ļ	[(1, 162, 286, 443)			ļ		(1,162,286,443)	I
					+							 I
									<u> </u>			L
												ļ
					ļ				ļ			r
					 				ļ			I
									·····			 I
												L
												J
					ļ				ļ			r
					ļ							I
					ł							 I
												L
												J
									ļ			
					-				ļ			 I
					 							 I
					1							I
					ļ				ļ			
					 				ļ			 I
					†				·····			 I
									<u> </u>			L
					ļ				ļ			
					ļ				ļ			
					·				ļ			i
					†				····			 I
												L
									ļ			
					ļ				ļ			r
					 				ļ			i
												<u></u> i
999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

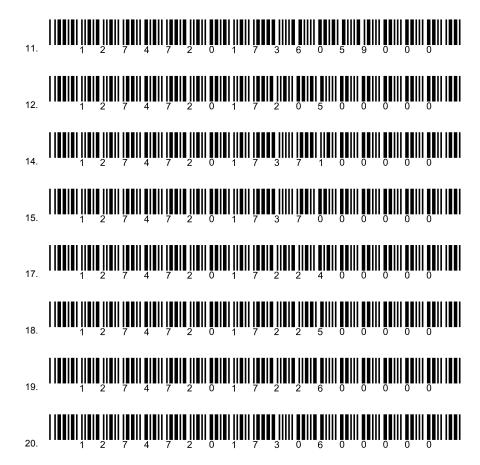
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	YES
8. 9.		YES
Э.	AUGUST FILING	, LO
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and	YES
which t	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact he special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar codplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation followin ns.	e will be printed below. If
·	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
14.	, ,	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17.	•	NO
18.		N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.		N0
21.		SEE EXPLANATION
22.		YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
Explan		
II. IN	e Company does not offer Medicare Supplement Insurance.	
12. The	e Company does not offer Life Insurance.	
13. The	e Company has less than 100 shareholders	
14. The	e Company does not write Life Insurance.	
15. The	e Company does not write Life Insurance.	
17. No	t Applicable.	
18. No	t Applicable.	
19. No	t Applicable.	
20. The	e Company does not write Long-term Care Insurance.	

21. Required by Florida and Illinois only.

24. None required.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2017 OF THE Envision Insurance Company MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance) (To Be Filed By March 1)

NAIC Group Code 00000 NAIC Company Code 12747

	Individual Co		Group Cov		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	91,674,779	XXX	12,910,768	XXX	104 , 585 , 547
1.12 Without Reinsurance Coverage					
1.13 Risk-Corridor Payment Adjustments	62,070,969	XXX		XXX	62,070,969
1.2 Supplemental Benefits		XXX		XXX	0
Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(36, 455, 791)	XXX	144,931	XXX	XXX
2.12 Without Reinsurance Coverage		ХХХ		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits.		XXX		ХХХ	XXX
Risk-Corridor Payment Adjustments-change					
4.1 Receivable	38 , 181 , 679	XXX		XXX	XXX
4.2 Payable					
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	55.218.989	XXX	13.055.699	XXX	XXX
5.12 Without Reinsurance Coverage					
5.13 Risk-Corridor Payment Adjustments					
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums	155,471,637	XXX	13,055,699	XXX	166,656,516
7. Claims Paid	,		.,,		,,.
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	143 616 725	XXX	10 508 267	XXX	154 124 992
7.12 Without Reinsurance Coverage			I .		
7.2 Supplemental Benefits					
Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	600 042	vvv	50 555	vvv	VVV
8.12 Without Reinsurance Coverage					
8.2 Supplemental Benefits		i i			XXX
* *					
9. Health Care Receivables-change					
9.1 Standard Coverage		VVV		VVV	VVV
9.11 With Reinsurance Coverage					XXX
9.12 Without Reinsurance Coverage	i	l	i		XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10 Claims Incurred					
10.1 Standard Coverage	444 007 007	VVV	40 550 000	VVV	WWW
10.11 With Reinsurance Coverage				XXX	
10.12 Without Reinsurance Coverage			0	XXX	XXX
10.2 Supplemental Benefits.	0	XXX	0	XXX	XXX
11. Total Claims	144,307,667	XXX	10,558,822	XXX	154,124,992
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied					73,794,498
12.2 Reimbursements Received but Not Applied-change			XXX		0
12.3 Reimbursements Receivable-change	XXX		XXX		XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid		XXX			16,428,014
15. Expenses Incurred		XXX	455,348	XXX	XXX
16. Underwriting Gain/Loss.	(2,944,049)	XXX	2,041,529	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(77,690,988

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

ALPHABETICAL INDEX

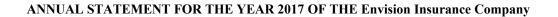
ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y- Part 1A - Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14





LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The	Envision Insurance (Company				Insurance Company
Address (City, Star	te and Zip Code) Twi	insburg, OH 440	87			
NAIC Group Code	00000		NAIC Company Code	12747 Employe	r's ID Number	20-4308924